European Respiratory Society
Annual Congress 2012

Abstract Number: 2904

Publication Number: P4381

Abstract Group: 9.2. Physiotherapists

Keyword 1: Extrapulmonary impact **Keyword 2:** Rehabilitation **Keyword 3:** Physiotherapy care

Title: Predicting the risk of falls in patients with COPD: Does age matter?

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Body: Introduction: The extrapulmonary manifestations of COPD have been associated with deficits in mobility and balance, which potentiate the risk of falls. This is more evident in advanced COPD. However, research in the risk of falling in this population is scarce. Furthermore, as deterioration of balance increases with age, it is important to understand how age influences the fall risk in these patients. Aim: To assess the risk of falls in different age groups of patients with advanced COPD. Methods: Fifty-five outpatients with COPD (GOLD III and IV) were recruited. The risk of falling was assessed using the Timed Up & Go (TUG) test. Two TUG tests were performed and the best performance was considered. Participants (39 males) were divided into 4 groups according to their age: <60 (n=11; G1), 60-69 (n=11; G2), 70-79 (n=20; G3) and 80-99 years old (n=13; G4). Results: The mean TUG time for each group was G1 11.03±3.11; G2 10.73±1.36; G3 11.22±4.35; G4 14.34±4.87 seconds. No statistical significant differences between groups were found. However, all groups presented worse values than the average performance of their age-matched healthy peers[1]. Conclusion: Patients with advanced COPD exhibit changes in balance and are at risk of falling, regardless of their age. The results suggest that pulmonary rehabilitation, a recommended standard of care for patients with COPD aimed to optimize functional status and increase participation, should include a specific component of balance training and strategies to prevent falls, to restore the highest possible level of independent function in this population. [1]Bohannon, R.W., Reference Values for the Timed Up and Go Test: A Descriptive Meta-Analysis. J Geriatr Phys Ther 2006; 29(2):64-68.